



Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
<b>Eco-FARMI</b>	<b>Milan</b>	<b>Vanessa May</b>	<b>Belarmino</b>												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
<b>04/16/2024</b>	<b>Administrative Aide IV</b>														
<b>6. DETAILS OF APPLICATION</b>															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input type="checkbox"/> Monetization <input type="checkbox"/> Parental (Solo Parent) <input type="checkbox"/> Paternity <input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sabbatical <input type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input checked="" type="checkbox"/> Special Privilege <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation  Others: _____		6.b DETAILS OF LEAVE:  In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : <u>Tacloban</u> <input type="checkbox"/> Abroad (Pls. Specify) : _____  In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : _____ <input type="checkbox"/> Out Patient (Pls. Specify) : _____  In case of Special Leave Benefits for Women: (Specify Illness) _____  In case of Study leave: <input type="checkbox"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR  <div style="text-align: center;"> <u>1 day</u>              Inclusive Dates               04/25/2024 - 04/25/2024           </div>		6.d COMMUTATION  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <div style="text-align: center;">   <b>MILAN, VANESSA MAY B.</b>              (Signature of Applicant)           </div>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>April 2024</u>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td style="text-align: center;">1.024</td> <td style="text-align: center;">8.667</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td style="text-align: center;">1.024</td> <td style="text-align: center;">8.667</td> </tr> </tbody> </table>  <div style="text-align: center;"> <b>FLORANTE G. DIDAL</b>              Payroll and Leave Benefits Office           </div>			Vacation Leave	Sick Leave	Total Earned	1.024	8.667	Less this Application			Balance	1.024	8.667	7.b RECOMMENDATION:  <input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:  <div style="text-align: center;">   <b>JEROME O. ARRIBADO</b>              Ecological Farm &amp; Resource Management Institute           </div>	
	Vacation Leave	Sick Leave													
Total Earned	1.024	8.667													
Less this Application															
Balance	1.024	8.667													
7.c APPROVED FOR: ____ day(s) with pay    ____ day(s) without pay Others (Specify): _____		7.d DISAPPROVED due to: _____													
<b>PROSE IVY G. YEPES</b> (Printed Name and Signature) University President															